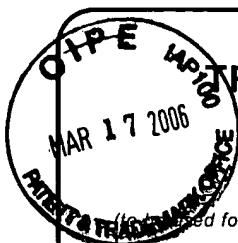


JRW


**TRANSMITTAL  
FORM**
(Initial Filing  
SEARCHED for all correspondence after initial filing)

Total Number of Pages in This Submission

4

|                      |             |
|----------------------|-------------|
| Application Number   | 10/788,635  |
| Filing Date          | 2/27/04     |
| First Named Inventor | Eric E. Kuo |
| Art Unit             | 3732        |
| Examiner Name        | N/A         |

Attorney Docket No. AT-000224US

**ENCLOSURES (Check all that apply)**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input checked="" type="checkbox"/> Power of Attorney, Revocation<br><input checked="" type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
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| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Letter  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  | Statement under 37 CFR 3.73(b)  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  | Return receipt postcard   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                       |          |        |
|--------------|-----------------------|----------|--------|
| Firm Name    | Greenberg Traurig LLP |          |        |
| Signature    |                       |          |        |
| Printed Name | Scott M. Smith, M.D.  |          |        |
| Date         | 03/14/2006            | Reg. No. | 48,268 |

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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| Signature             |            |      |            |
| Typed or printed name | Carol Diez | Date | 03/15/2006 |

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Eric E. Kuo et al.

Application No. 10/788,635

Filed: 2/27/04

For: DENTAL DATA MINING

Attorney Docket No.: AT-000224US

Examiner: N/A

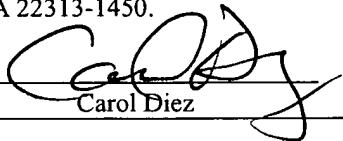
Art Unit: 3732

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on 03/15/2006 by



Carol Diez

**REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW ATTORNEY/CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby revokes all previous powers of attorney and appoints the following as its attorneys with full power of substitution and revocation, to transact all business in the Patent and Trademark Office in connection with the above referenced application.

Applicant appoints all practitioners associated with Customer Number **56188**. Please address all communications and telephone calls to:

**GREENBERG TRAURIG, LLP**  
**1900 UNIVERSITY AVENUE, FIFTH FLOOR**  
**EAST PALO ALTO, CA 94303**  
**Phone: (650) 328-8500**  
**Fax: (650) 328-8508**

Respectfully submitted,

GREENBERG TRAURIG, LLP

  
 Scott M. Smith, M.D.  
 Reg. No. 48,268

Dated: 03/14/2006

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PTO/SB/80 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

Practitioners associated with the Customer Number: **56188**

OR

Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number |  | Name | Registration Number |
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|      |                     |  |      |                     |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

The address associated with Customer Number: **56188**

OR

|  |       |     |  |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name |       |     |  |
| Address  |       |     |  |
| City   | State | Zip |  |
| Country  |       |     |  |
| Telephone  | Email |     |  |

Assignee Name and Address:

ALIGN TECHNOLOGY, INC.

881 MARTIN AVENUE

SANTA CLARA, CA 95050

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

|           |                         |           |                  |
|-----------|-------------------------|-----------|------------------|
| Signature |                         | Date      | January 10, 2005 |
| Name      | Eldon Bullington        | Telephone | 408-470-1000     |
| Title     | Chief Financial Officer |           |                  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: ALIGN TECHNOLOGY, INC.Application No./Patent No.: 10/788,635 Filed/Issue Date: 2/27/04Entitled: DENTAL DATA MININGALIGN TECHNOLOGY, INC., a CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title and interest; or
2.  an assignee of less than the entire right, title, and interest.

The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015031, Frame 0041, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

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 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

03/ 14/2006

Signature

Date

Scott M. Smith, M.D.

(650) 328-8500

Printed or Typed Name

Telephone Number

Appointed Practitioner

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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